



COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled DOCUMENT AUTHENTICATION AND VERIFICATION, the specification of which:

☐ is attached hereto.

☒ was filed on January 25, 2002 as Application Serial No. 10/057,297 and was amended on _____.

☐ was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Denis G. Maloney, Reg. No. 29,670

Paul A. Pysher, Reg. No. 40,780

Timothy A. French, Reg. No. 30,175

David L. Feigenbaum, Reg. No. 30,378

Kenneth F. Kozik, Reg. No. 36,572

Brian J. Colandreo, Reg. No. 42,427

Address all telephone calls to DENIS G. MALONEY at telephone number (617) 542-5070.

Address all correspondence to DENIS G. MALONEY at:

FISIL & RICHARDSON P.C.

225 Franklin Street

Boston, Massachusetts 02110-2804

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: Jack Woldosiewicz

Inventor's Signature: _____

Residence Address: _____

Citizenship: _____

Post Office Address: _____

Date: 10/28/2002

Combined Declaration and Power of Attorney
Page 2 of 2 Pages

Full Name of Inventor: Andrew Schmidt

Inventor's Signature: _____ Date: _____

Residence Address:

Citizenship:

Post Office Address:

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Full Name of Inventor: Jack Wolosewicz

Inventor's Signature: _____ Date: _____
Residence Address: _____
Citizenship: _____
Post Office Address: _____

Combined Declaration and Power of Attorney

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Full Name of Inventor: Andreas Schmidt

Inventor's Signature: Andreas Schmidt Date: 10/22/2002
Residence Address: 563 Mission Blvd, Santa Rosa, CA 94509
Citizenship: German
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